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Abstract

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Project Title: TECHNOLOGY USE AND PROLONGING DYING IN OLDER

ADULTS

Abstract: The goal of this 4-year qualitative anthropological study is to describe and examine how death in the context of technology use is facilitated, managed, or staved off, and to learn the values and assumptions surrounding both life prolonging and palliative strategies in the hospital setting. The study will take place on four hospital units in one community hospital in Berkeley CA. This will be an empirical, ethnographic investigation based on the collection of data by interviews with physicians, nurses, patients, families, and other hospital personnel, and by participant-observation of health care team meetings and the daily routine on hospital wards. The study has six specific aims: 1) to provide a descriptive account of life support technology use, especially mechanical ventilation, to prolong life and/or the dying process among individuals age 40 and older; 2) to learn which aspects of the intubation, maintenance, and withdrawal of life support technology are considered problematic and why; 3) to learn how staff think about their role in using life-prolonging technologies; 4) to explore the experience for families of having a relative on life sustaining technologies; 5) to investigate how meanings and decisions regarding life-prolonging technologies are influenced by hospital routines; and 6) to examine the practices health professionals employ to avoid the use of mechanical ventilation or other life prolonging measures. Coding-based qualitative data analysis will be used: crosssectional comparison, in order to describe discrete patterns of thought, opinion and practice; thematic analysis and the case study approach, to identify themes that emerge within specific cases; and frequencies of response, in which themes, categories, and other variables are generated. The interpretive goal is to examine why closing the gap between what health consumers say they want and what actually happens with advanced

technologies is so difficult.

Thesaurus Terms:

attitude, decision making, hospital patient care, human old age (65+), respirator, terminal patient care

family structure /dynamics, intubation, patient care personnel relations, quality of life behavioral /social science research tag, clinical research, health services research tag, human subject

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